FORTY-THIRD MEETING

NATIONAL DEAFNESS AND OTHER COMMUNICATION DISORDERS ADVISORY COUNCIL

September 13, 2002

National Institutes of Health
Bethesda, Maryland

MINUTES

The National Deafness and Other Communication Disorders Advisory Council convened for its forty-third meeting on September 13, 2002, in Conference Room 6, National Institutes of Health (NIH), Bethesda, MD. Dr. James F. Battey, Jr., Director, National Institute on Deafness and Other Communication Disorders (NIDCD), served as Chairperson. In accordance with Public Law 92-463, the meeting was:

Open: September 13, 2002: 8:30 a.m. to 11:30 a.m., for the review and discussion of program development, needs and policy; and

Closed: September 13, 2002: 12:30 p.m. to 2:30 p.m. for review of individual grant applications.

Council members in attendance:[1]

Dr. Noma Anderson
Dr. Gary K. Beauchamp
Dr. Gail D. Burd
Dr. Patricia D. Cayne
Dr. Richard A. Chole
Dr. Judy R. Dubno
Dr. Beverly S. Emanuel
Ms. Susan M. Greco
Dr. Ronald R. Hoy
Dr. Ray D. Kent
Dr. David J. Lim
Dr. Nicolas Linares-Orama
Dr. Miriam H. Meisler
Dr. Richard T. Miyamoto
Dr. Adrian A. Perachio
Dr. Ingo R. Titze
Ms. Heather Whitestone-McCallum

Council members not participating:

Dr. John P. Madison

1For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications (a) from their respective institutions or (b) in which a real or apparent conflict of interest might occur. This procedure applies only to individual discussion of an application and not to "en bloc" actions.

Ex-Officio Members absent:

Dr. Lucille B. Beck
Dr. John R. Franks
Dr. Michael E. Hoffer

The Council roster is found as Appendix 1.

Various members of the public, as well as NIDCD staff and other NIH staff, were in attendance during the open session of the Council meeting. A complete list of those present for all or part of the meeting is found in Appendix 2.

I. Call To Order and Opening Remarks .....Dr. James F. Battey, Jr.

The meeting was called to order by Dr. Battey, Director, NIDCD, who thanked Council members for their service and advice to the Institute. Dr. John Madison, Dr. Michael Hoffer and Dr. Elizabeth Beck had conflicts which precluded their attendance at today's meeting. Dr. Battey welcomed Dr. Dennis Kyle, who was attending the open session of the meeting for Dr. Beck.

II. Council Procedures .....Dr. Craig A. Jordan

Procedural Matters

Dr. Jordan discussed important procedural matters, including requirements imposed by the Government in the Sunshine Act and the Federal Advisory Committee Act. The necessity of members avoiding conflict of interest, or the appearance thereof, was stressed, as was the need to maintain confidentiality concerning the proceedings and materials related to the closed portion of the meeting. Dr. Jordan announced that the Council meeting would be open to the public during the morning session, but would be closed for consideration of grant applications during the afternoon.

Consideration of Minutes of the Meeting of May 22, 2002

Dr. Battey called members' attention to the minutes of the May 22, 2002 meeting of the Advisory Council . The minutes were approved with minor corrections.

Confirmation of Dates for Future Council Meetings

Dates for the Council meetings through September 2004 have been established. A list of these meetings was distributed to the Council members. The next meeting of Council is scheduled for Friday, January 31, 2003 on the NIH campus, Bethesda, Maryland.

III. Report of the Director, NIDCD .....Dr. Battey

New NIDCD Advisory Council Members

Dr. Battey welcomed and introduced six new members of Council:

- Dr. Noma Anderson, Director & Professor, Florida International University, School of Health, received her doctoral degree in speech-language pathology from the University of Pittsburgh. Her professional interests include public health, education, and multicultural issues of communication. Dr. Anderson has a wide array of publications and has made numerous presentations on these topics. She is a member of several professional organizations and has held executive positions at the American Speech-Language-Hearing Association and the National Black Association for Speech, Language and Hearing.

- Dr. Patricia D. Cayne is an Educational Neuropsychologist (Retired), who received her doctoral degree in psychology from Columbia University. She has spent thirty years in private practice, providing diagnosis and therapy for neurologically and hearing impaired, language deficient infants and preschoolers. She is currently a member of the League for the Hard of Hearing. Dr. Cayne has continuing commitments at the University of Pennsylvania where she serves as Overseer of the Graduate School of Education and Associate Trustee and Member of Trustees' Council for Women.

- Ms. Susan M. Greco, Executive Director, Deafness Research Foundation, Washington, D.C., received her BA in Political Science from Fairfield University, her MS in Nonprofit Management from the New School University, and a Certificate for Strategic Planning from the University of Maryland. She has experience at a number of nonprofit organizations, including the Partnership for the Homeless in New York, Girl Scouts of the USA In New York and New Jersey, and currently as Executive Director of the Deafness Research Foundation. Ms. Greco has significant experience in the areas of public relations, management and organizational development, public health, fund development, and marketing.

- Dr. Ray D. Kent, Professor, Department of Communicative Disorders, University of Wisconsin, received his doctoral degree in speech pathology and audiology from the University of Iowa. His research interests include speech disorders and development, speech physiology and acoustics, speech perception, and orofacial anatomy. Dr. Kent is a member of several professional societies, including the Acoustical Society of America and the New York Academy of Science. He is widely published and has made numerous presentations at national and international meetings. Dr. Kent has received many awards including a Claude Pepper Award for his research on "Intelligibility Assessment in Dysarthria."

- Dr. Richard T. Miyamoto, Professor & Chairman, Department of Otolaryngology, Indiana University, School of Medicine, received his medical degree in otorhinolaryngology/ otology from the University of Michigan. His research interests include cochlear implants, speech production, and speech perception. Dr. Miyamoto has served on numerous editorial boards, scientific review panels, and Federal advisory committees. He is a member of many professional organizations, including the Association for Research in Otolaryngology and the American College of Surgeons. He is widely published and has presented at

national and international meetings. Dr. Miyamoto has received numerous honors and has a long-standing record of research and training grant support.

- Dr. Adrian A. Perachio, Professor & Vice President for Research, Department of Otolaryngology, University of Texas Medical Branch received his doctoral degree in physiological psychology from the University of Rochester. His research interests include sensory neurophysiology, particularly in the areas of vestibular function/dysfunction, morphology, plasticity, and mechanisms of adaptation. Dr. Perachio has served on numerous review panels for the NIH, NSF, and NASA and has served as a manuscript reviewer for many professional journals. He is a member of numerous scientific societies, is widely published, and has presented at many national and international meetings. Dr. Perachio received a Distinguished Teaching Award and has mentored numerous graduate/medical students, postdoctoral fellows and residents.

Announcements

Dr. Battey extended the Institute's congratulations to Dr. Ron Hoy, who was recently named as the Dr. David Merksamer and Dorothy Joslovitz Merksamer Professor in Biological Sciences at Cornell University.

NIH Stem Cell Task Force

Dr. Battey updated the Council on activities of the NIH Stem Cell Task Force, for which he serves as Chair. The purpose of the NIH Stem Cell Task Force is to enable and accelerate the pace of stem cell research by identifying rate limiting resources (both material and human) and develop initiatives to enhance these resources; and to seek the advice of scientific leaders in stem cell research about the challenges to moving the stem cell research agenda forward and strategies NIH may pursue to overcome these challenges.

The Task Force is made up of leading scientists at NIH who appreciate the opportunity of stem cells to inform us in the near future about the fundamental processes of differentiation and development, which may ultimately lead to new therapeutic intervention strategies.

The first Working Meeting of the NIH Stem Cell Task Force was held on September 20, 2002, at which Dr. Battey described the charge to the group, which is to "focus solely on the science" of stem cell research. There are barriers to working with stem cells, especially human embryonic stem cells. Two major challenges are the availability of cell lines, and the limited number of scientists who are trained in this field.

In addition to Task Force meetings, five Task Force Working Groups, involving both extramural and intramural researchers, are planned for the year. The first Working Group meeting is scheduled for October 24 and the topic of the meeting will be Stem Cell Research Career Pathways. Dr. Battey and Dr. Ron McKay will co-chair this Working Group meeting. Dr. Zerhouni, Director, NIH has expressed interest in meeting with the Working Group Members to discuss the challenges of stem cell research and to encourage them to engage investigators in that effort.

Budget Considerations:

In his discussion of the Institute's budget, Dr. Battey described how the $262.7 million available for new and competing research project grants has been allocated for FY2003. From this total, $8.9 million is reserved for Small Business Innovation Research grants, $1.5 million for administrative supplements, $183.8 million for commitments to noncompeting grants, $0.75 million for a carryover commitment from FY2002, and $11.6 million for program requirements in FY2003. Twenty percent of the remaining $56.3 million is designated for High Program Priority (HPP). When apportioned for the three Council meetings in FY 2002, $3.75 million is available for HPP applications at the September meeting. The budget has $15.0 million available for the initial payline, which should allow funding of all applications to the 25th percentile plus additional HPP applications. A copy of the slides Dr. Battey used for his budget presentation is included in these minutes as Appendix 3.

IV. Report of the Director, Division of Extramural Research .....Dr. Dobie

Dr. Dobie presented the report of the Director of the Division of Extramural Research.

Scientific Programs Branch

In a continuing effort to keep Council informed about the responsibilities handled by staff of the Division of Extramural Research, representatives of each of the Division's branches will periodically discuss their responsibilities and activities. Dr. Dobie introduced Dr. Judith Cooper, Chief, Scientific Programs Branch (SPB), who introduced the Health Scientist Administrators of her Branch, who direct a program of grant and contract support for research and research training in the normal processes and diseases and disorders of hearing, balance, smell, taste, voice, speech, and language. The Branch's responsibilities include assessing needs for research and research training programs; determining program priorities and recommending funding levels for programs to be supported by grants and contracts; collaborating with intramural programs and other research efforts, both NIH-wide and nationally; and consulting with voluntary health organizations and with professional associations to identify research needs and develop programs to meet them.

Loan Repayment Programs for Clinical Research and Pediatric Research

Dr. Dobie discussed NIDCD's participation in the Loan Repayment Program for Clinical Research and the Pediatric Research Loan Repayment Program, which were established by NIH to recruit and retain promising health professionals holding medical and nonmedical doctoral degrees as investigators in clinical and pediatric research. Health professional recipients of NIH postdoctoral National Research Services Awards, mentored research career development awards and first-time principal investigators of research grants engaged in patient-oriented research and pediatric research are eligible to apply for these programs, provided their debt exceeds 20% of their annual income. While the NIDCD will consider applications for loan repayment from all eligible applicants, priority in the selection of awards is given to applicants currently holding mentored clinician-scientist career development (K08/K23) awards and first-time R01 awards who show the greatest promise of developing and sustaining an independent research track in their careers. Next year, eligibility will be expanded to include investigators who are supported by sources outside the NIH. The NIDCD recently made eleven awards totaling approximately $500,000. These awards were

made to individuals whose research is supported by seven K08/K23; one R01; one R03; and two postdoctoral trainees on T32 awards.

Questions about these programs may be directed to Dr. Daniel Sklare, Research Training Officer, NIDCD, at (301) 496-1804 or by e-mail at daniel_sklare@nih.gov.

Research Core Center (P30) Grants

Dr. Dobie introduced Dr. Amy Donahue, Chief, Hearing and Balance/Vestibular Section, Scientific Programs Branch, who discussed the Research Core Center (P30) Grant Program. The P30 is an institutional award, made in the name of a principal investigator, to support centralized resources and facilities shared by investigators with existing research projects. Its aim is to stimulate multidisciplinary approaches to joint research efforts. It should be an "intellectual hub" around which cooperative and interactive research will be supported and stimulated. The overall goal of a Core Center is to promote a cooperative interaction among basic and/or clinical investigators in a manner that will enrich the effectiveness of ongoing research and promote new research directions. The use of shared resources can increase the efficiency of research by eliminating unnecessary duplication, promoting the development of new research directions, and promoting research interactions and collaborations. Research cores should be designed to furnish a group of investigators some service, technique, assay, or instrumentation in a manner that will enhance the research in progress. Although no funds are provided for direct support of research projects, a Core Center helps to integrate and promote research in existing projects. This support is intended to enhance the productivity of traditional research grants at the institution and thereby improve the research capability of the community and health of the Nation. Currently, the NIDCD supports 133 user projects totaling $4 million (direct costs) and $5.9 million total costs. The average NIDCD award is $333,000 and this year, the Institute funded twelve of 24 applications.

Additional information regarding the NIDCD Research Center Core Grant program is available at: http://grants.nih.gov/grants/guide/pa-files/PA-01-011.html. Inquiries may also be made to Dr. Amy Donahue, Ph.D., 301-402-3458, amy_donahue@nih.gov

V. Council Member Presentation ..... Dr. Ingo Titze

As in the past, time was allotted on the agenda for one or two Council members to present a synopsis of their research, interests, and/or other efforts related to the broad interests of the communities served by NIDCD. One goal is to familiarize staff and other members of Council with each member's research/expertise, in order to facilitate stronger interactions among Council members and staff members. Another goal is to take advantage of the cadre of accomplished individuals on Council and allow them to share their unique knowledge, abilities, and perspectives with the other members.

In a presentation entitled, "The Voice and the Ear: A Healthy Partnership," Dr. Ingo Titze discussed his research.

Following is an abstract of his presentation:

The larynx and the ear are the only two organs in the human body in which tissues are vibrated naturally for long periods of time. Although hearing covers a wider frequency range, voicing covers a far greater amplitude range of tissue acceleration. Tissues can be exposed to dangerously high levels of acceleration (>200 G) for long periods of time, exceeding the industrial standards for hard-transmitted vibration in power tool use. Investigators are studying the effects of high doses of vibration on cells in vocal fold tissues, on extracellular matrices, and on engineered tissue that may have use in surgical repair. Behavioral strategies are used to educate teachers, a high-risk population, toward more efficient and less taxing voice use. It was emphasized that prevention of voicing loss parallels prevention of hearing.

VI. Council Member Presentation ..... Dr. Beverly Emanuel

Dr. Emanuel discussed her research in a presentation entitled "Dissecting the 22q11.2 Deletion Syndrome. "

Following is an abstract of her presentation:

Over the past few years, clinical and molecular studies have demonstrated that de novo deletions of chromosome 22 occur with a significant frequency, making the 22q11.2 deletion syndrome the most common deletion in humans. The 22q11.2 deletion has been identified in the majority of patients with the DiGeorge syndrome (DGS), velocardiofacial syndrome (VCFS), and conotruncal anomaly face syndrome (CAFS). The list of findings associated with the 22q11.2 deletion is extensive and varies from patient to patient. The majority of children present to cardiology, most commonly with conotruncal cardiac anomalies or to plastic surgery with cleft palate and/or velopharyngeal incompetence (VPI). Recent estimates indicate that the 22q11 deletion occurs in approximately 1:4,000 live births. Thus, this disorder is a significant health concern in the general population.

The complete sequence of 22q is now available which led to the description of complex modular blocks of duplicated DNA sequence, the 22-LCRs within 22q11. These blocks are presumed to mediate the recombination events that lead to the rearrangements encountered in this region. The blocks of sequence are large and are composed of modular elements. The typical 22q11 deletion interval (TDR) contains at least four of these large low copy repeat blocks (22-LCRs) which coincide with the recurrent deletion end points (DEPs) and strongly implicate the 22-LCRs in the events leading to deletion. It appears that the structure of 22q11 predisposes it to a high rate of deletion and rearrangement, presumed to occur during meiotic recombination. Elucidating the mechanisms by which such chromosomal changes take place is currently an area of active investigation.

The phenotype associated with the 22q11.2 deletion is quite variable and the observed differences between patients with a diagnosis of DGS or VCFS does not appear to be due to size or parental origin of the deletion. Developmental delays or learning disabilities have been reported in 90-100% of patients with the 22q11.2 deletion. A wide range of expression of developmental and behavioral findings was observed in young children. Severe and profound retardation was not seen and a few patients function within the average range. A history of mild to significant language delays was present in all of the children. Many of the 22q11.2 study population were lacking in all verbal communication skills as late as two years of age.

Furthermore, delays in expressive language were well beyond that expected for their developmental level. Voice quality disturbances, low facial tone, articulation errors, and dysarthria were present in many preschoolers. These findings highlight the need for early evaluation and intervention designed to develop alternative communication strategies best suited to the child's needs. In non-speaking children the use of alternative communication methods such as manual signs may reduce frustration, increase communicative competencies, and act as a bridge towards more conventional speech symbols.

VII. Scientific Presentation.....Dr. Dan Merfeld

Dr. Battey welcomed and introduced Dr. Dan Merfeld, Director, Vestibular Physiology Laboratory, Massachusetts Eye and Ear Infirmary, Boston, Massachusetts. Dr. Merfeld discussed his research in a presentation entitled, “Preliminary Scientific Research on a Neurovestibular Prosthesis."

Following is an abstract of his presentation.

The success of cochlear implants for rehabilitation of deafness has prompted interest in the development of an implantable vestibular prosthesis for rehabilitation of balance. Estimates derived from the 1994/1995 NIH Disabilities Supplement suggest that over 6.2 million Americans report chronic problems with balance or dizziness. Many dizzy patients benefit from current treatments, but there remain a significant number who could potentially benefit from a safe and effective implantable prosthesis. Toward this end, we have begun a series of scientific investigations of vestibular responses to chronic electrical vestibular stimulation. Our data, eye movement measurements, show that the nervous system can adapt to the presence of constant-rate stimulation, with the adaptation becoming more rapid with repeated on/off stimulation transitions. This change in the time course of adaptation is consistent with what is known as dual-adaptation, the ability of the nervous system to maintain 2 (or more) adaptive states. Such adaptation will be important to the eventual clinical use of vestibular implants, since it seems likely that this will allow patients to turn their devices on and off (for bathing, sleeping, etc.) without substantial disorientation or other side-effects. Other experiments show that the nervous system responds appropriately to modulated pulse rates, with the pulse rate increasing for rotations in one direction and decreasing for rotations in the opposite direction. For example, when stimulation pulses rates were sinusoidally modulated, sinusoidal eye responses were also observed. Responses to such modulated cues also show clear evidence of neural adaptation, as will be essential if the nervous system is going to utilize these cues efficiently. These preliminary findings support the idea that a neural vestibular prosthesis is feasible, both technically and physiologically.

VIII. Report of the Scientific Director
Division of Intramural Research .....Dr. Robert Wenthold

NIH policy requires that the National Advisory Council to each Institute review the activities of their respective intramural program once a year. Dr. Robert Wenthold, Scientific Director of NIDCD’s Division of Intramural Research (DIR), presented the report.

Staff Changes in FY02

The Division is recruiting a tenure-track investigator interested in mapping and identification of genes involved in human speech and language impairment and their underlying biochemical functions in the nervous system.

Porter Neuroscience Research Center

Construction of the Porter Neuroscence Research Center, which will house the Institute's Intramural program, is underway with an anticipated completion date of 2004 for Phase 1. Phase 2 is scheduled for completion in 2008.

Otolaryngology Research Fellowship Program

NIDCD's Otolaryngology Research Fellowship Program provides research training for otolaryngologists who have completed their medical training. Fellows are encouraged to develop strong basic research skills under the mentorship of NIDCD scientists. Approximately 75 percent of the Fellow's time is devoted to research and 25 percent to clinical duties in the NIDCD Otolaryngology Consultation Service. Research Fellows are senior postdoctoral individuals who are provided training opportunities in basic or clinical biomedical research. Candidates must have a doctoral degree and at least five years of postdoctoral research experience. U.S. Citizenship is required. For 2002, the program has had two applicants; an offer was presented to one of these.

Research Accomplishments in the Division of Intramural Research

Dr. Wenthold closed his report by discussing research accomplishments among the Division's laboratories. These included:

- Dominant and recessive deafness caused by mutations of a novel gene, TMC1, required for cochlear hair-cell function (Kurima et al. [Andy Griffith] Nat. Genet. 2002, March 30(3):277-84).
- Rapid renewal of auditory hair bundles (Schneider et al. [Kachar] Nature 418, 837-838. 2002).

CLOSED SESSION

IX. Report of the Board of Scientific Counselors .....Dr. Battey

Dr. Battey presented the Report of the Board of Scientific Counselors (BSC). As stipulated by law, each Institute, Center or Division must provide annually to its National Advisory Council an overview of its intramural research program. The overview should include the reports of the BSC, and the responses of the Scientific Director. This presentation is strictly informational; Council members are not asked to recommend approval or disapproval of the reports or to modify them in any way. However, the Council may make recommendations to the Director, NIDCD regarding such research on the basis of the materials provided.

[Executive Secretary Note: During the BSC presentation, attendance was restricted to the Council members, the Director, NIDCD; the Deputy Director, NIDCD; the Director, Division of Intramural Research, NIDCD; the Director, Division of Extramural Research, NIDCD; and the Executive Secretary of the Council.]

X. Council Consideration of Pending Applications

The Council gave special attention to applications from foreign institutions and to applications involving issues related to protection of human subjects, animal welfare, biohazards and/or women/minority/children representation in study populations as identified by the initial review groups.

A. Research Project Grant Awards

1. Consideration of Applications: On the Council's agenda was a total of 118 research grant applications; 87 applications had primary assignment to NIDCD, in the amount of $26.9 million first-year direct costs. It is anticipated that, of the applications competing at this Council, NIDCD will be able to award grants to applications scoring through the 25.0 percentile.

B. Special Programs Actions

1. Small Grants (R03): The Council recommended support for fifteen applications.

2. Small Business Technology Transfer (STTR). The Council recommended support for one Phase II (R42) application.

3. Small Business Innovation Research Awards (SBIR). The Council recommended support for ten Phase I (R43) applications.

4. Center Core Grants (P30). The Council recommended support for three applications.

5. Otitis Media: New Approaches for Analysis, Treatment and Prevention (DC-02-002). The Council recommended support for seven R01 and two R21 applications.

6. Neuroimaging Technology Development to Assess Brain and Behavior in Pediatric Populations (DA-02-001): The Council recommended support for one R21 application.

7. Sensory Development and Validation (EB-02-002): The Council recommended support for one R01 application.

8. Large-Scale Genotyping for the Haplotype Map of the Human Genome (HG-02-005): The Council recommended co-funding support for one U01 application.

9. Joint NSF/NIH Initiative to Support Collaborative Research in Computational

Neuroscience (NS-02-501): The Council recommended support for one R01 application.

XI. Adjournment: The meeting was adjourned at 2:30 p.m. on September 13, 2002.

XI. Certification of Minutes

We certify that, to the best of our knowledge, the foregoing minutes and attachments are accurate and correct.[2]

_____ _____

Craig A. Jordan, Ph.D.
Executive Secretary
National Deafness and Other Communication
Disorders Advisory Council

_____ _____

James F. Battey, Jr., M.D., Ph.D.
Chairman
National Deafness and Other Communication
Disorders Advisory Council

Director
National Institute on Deafness and
Other Communication Disorders

Jeannie Combs
Council Assistant

2 These minutes will be formally considered by the Council at its next meeting; corrections or notations will be incorporated in the minutes of that meeting.

APPENDICES

PAGE

Roster

National Deafness and Other Communication Disorders Advisory Council

Chairperson
James F Battey, Jr., M.D., Ph.D., Director
National Institute on Deafness and Other Communication Disorders
Bethesda, Maryland 2089

ANDERSON, Noma B., Ph.D. 2006
Director & Professor
Florida International University
School of Health
Miami, FL 33191

BEAUCHAMP, Gary K., Ph.D. 2005
Director and President
Monell Chemical Senses Center
Philadelphia, PA 19104-3308

BURD, Gail D., Ph.D. 2003
Professor & Associate Head
Dept of Molecular and Cellular Biology
University of Arizona
Tucson, Arizona 85721

CAYNE, Patricia D., Ph.D. 2006
Educational Neuropsychologist
Private Practice
New York, NY 10022

CHOLE, Richard A., M.D., Ph.D. 2005
Lindburg Professor and Head
Department of Otolaryngology
Washington University School
of Medicine
St. Louis, Missouri 63110

DUBNO, Judy R., Ph.D. 2003
Professor
Department of Otolaryngology-
Head and Neck Surgery
Medical University of South Carolina
Charleston, SC 29425

MEISLER, Miriam H., Ph.D. 2003
Professor
Human Genetics Department

EMANUEL, Beverly S., Ph.D. 2004
Abramson Research Center, Rm. 1002
Children's Hospital of Philadelphia
Philadelphia, PA 19104

GRECO, Susan M. 2006
Executive Director
Deafness Research Foundation
Washington, DC 20036

HOY, Ronald R., Ph.D. 2003
Professor
Section of Neurobiology and Behavior
Cornell University
Ithaca, New York 14853-2702

KENT, Ray D. Kent, Ph.D. 2006
Professor
Department of Communicative Disorders
University of Wisconsin
Madison, WI 53705-2280

LIM, David J., M.D. 2005
Executive Vice President, Research
Head, Dept of Cell and Molecular Biology
House Ear Institute
Los Angeles, California 90057

LINARES-ORAMA, Nicolas, Ph.D. 2004
Professor of Language Pathology
Filius Institute
University of Puerto Rico
San Juan, PR 00936-4984

MADISON, John P., Ed.D. 2004
Associate Professor (Retired)
Department of English
National Technical Institute for the Deaf
Elmira, NY 14905
School of Medicine
University of Michigan
Ann Arbor, Michigan 48109-0168

MIYAMOTO, Richard T. M.D. 2006
Professor & Chairman
Department of Otolaryngology
Indiana University
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Indianapolis, IN 46202

PERACHIO, Adrian A., Ph.D. 2006
Professor & Vice President for Research
Department of Otolaryngology
University of Texas Medical Branch
Galveston, TX 77555-0130

TITZE, Ingo R., Ph.D. 2004
Distinguished Professor
Department of Speech Pathology
and Audiology
University of Iowa
Hawkins Drive
Iowa City, IA 52242

WHITESTONE-MCCALLUM, Heather 2005
President
Heather Liegh Whitestone, Inc.
Atlanta, GA 31139-9998

HOFFER, Michael E., M.D.
Co-Director
Department of Defense Spatial Orientation Center
Department of Otolaryngology
Naval Medical Center
San Diego, California 92134-5000

THOMPSON, The Honorable Tommy G.
Secretary
Department of Health and
Human Services
Hubert H. Humphrey Building
Washington, D.C. 20201

ZERHOUNI, Elias Adam, M.D.
Director
National Institutes of Health
Bethesda, Maryland 20892

EXECUTIVE SECRETARY

JORDAN, Craig A., Ph.D.
Chief, Scientific Review Branch
Division of Extramural Research, NIDCD
Bethesda, Maryland 20892-7180

Rev. 09/24/02

EX-OFFICIO MEMBERS:

BECK, Lucille B., Ph.D.
Director
Audiology & Speech Pathology Service (117A)
Department of Veterans Affairs
Washington, D.C. 20422

FRANKS, John R., Ph.D.
Chief, Bioacoustics and Occupational
Vibration Section
Physical Agent Effects Branch
Division of Biomedical and Behavioral Science
National Inst for Occupational Safety & Health
Cincinnati, Ohio 45226

Appendix 2

ATTENDANCE LIST

Other than Council members, attendees at the September 13, 2002 Council meeting included:

NIDCD Staff:

Office of the Director
Luecke, Donald H., M.D., Deputy Director

Office of Health Communication and Public Liaison
Allen, Marin, Chief
Wenger, Jenny

Office of Administration
Kerr, W. David, Executive Officer

Financial Management Branch
Rotariu, Mark, Budget Officer
Lee, Mimi, Budget Analyst

Information Systems Management Branch
Jones, Jackie, Chief

Science Policy and Planning Branch
Wong, Baldwin, Chief
Rodas, Enna
White-Olsen, Anne,

Division of Extramural Research
Dobie, Robert A., M.D., Director
Combs, Jeannie, Program Analyst
Holmes, Debbie, Secretary
Stephenson, Nanette, Program Assistant

Grants Management Branch
Stone, Sara, Chief
Chicchirichi, David, Grants Management Specialist
Dabney, Sherry, Grants Management Officer
DaSilva, Maria, Program Assistant
Hamilton, Gail, Grants Management Specialist
McNamara, Castilla, Grants Management Specialist
Ranney, Meigs, Grants Management Officer

Scientific Programs Branch
Cooper, Judith, Ph.D., Chief; and Program Director, Language

Voice, Speech, Language, Smell and Taste Section
Davis, Barry, Ph.D., Program Director, Taste and Smell Program
Shekim, Lana, Ph.D., Program Director, Voice, Speech and Language
Hambrecht, Terry, M.D., Consultant

Hearing and Balance/Vestibular Section
Donahue, Amy, Chief; and Program Director, Hearing
Freeman, Nancy, Ph.D., Program Director, Hearing
Luethke, Lynn, Ph.D., Program Director, Hearing
Miller, Roger, Ph.D., Program Director, Hearing

Clinical Trials, Epidemiology and Biostatistics Section
Gulya, Julie, M.D., Chief, Program Director, Clinical Trials
Hoffman, Howard, Program Director for Epidemiology & Biostatistics
Jelen, Janet, Computer Specialist
Chiu, May, Program Analyst

Scientific Review Branch
Jordan, Craig A., Ph.D., Chief
Azadegan, Ali, D.V.M., Ph.D., Scientific Review Administrator
Oaks, Stanley C., Ph.D., Scientific Review Administrator
Stick, Melissa J., Ph.D., M.P.H., Scientific Review Administrator

Division of Intramural Research
Wenthold, Robert, Ph.D., Director

Center for Scientific Review, NIH
Kimm, Joseph, Ph.D., Health Scientist Administrator
Melchioir, Christine, Chief, IFCN
Weijia Ni, Scientific Review Administration

Others
Doyle, Laura, American Academy of Audiology
Davis, Sydney, American Academy of Audiology
Merfeld, Dab, Ph.D., Massachusetts Eye and Ear Infirmary
Kyle, Dennis, Ph.D., Department of Veterans Affairs (attended for Dr. Lucille Beck)

Appendix 3

NIDCD Director's Report Slides

As Presented By

James F. Battey, Jr., M.D., Ph.D.
Director, NIDCD

NDCD Advisory Council Meeting

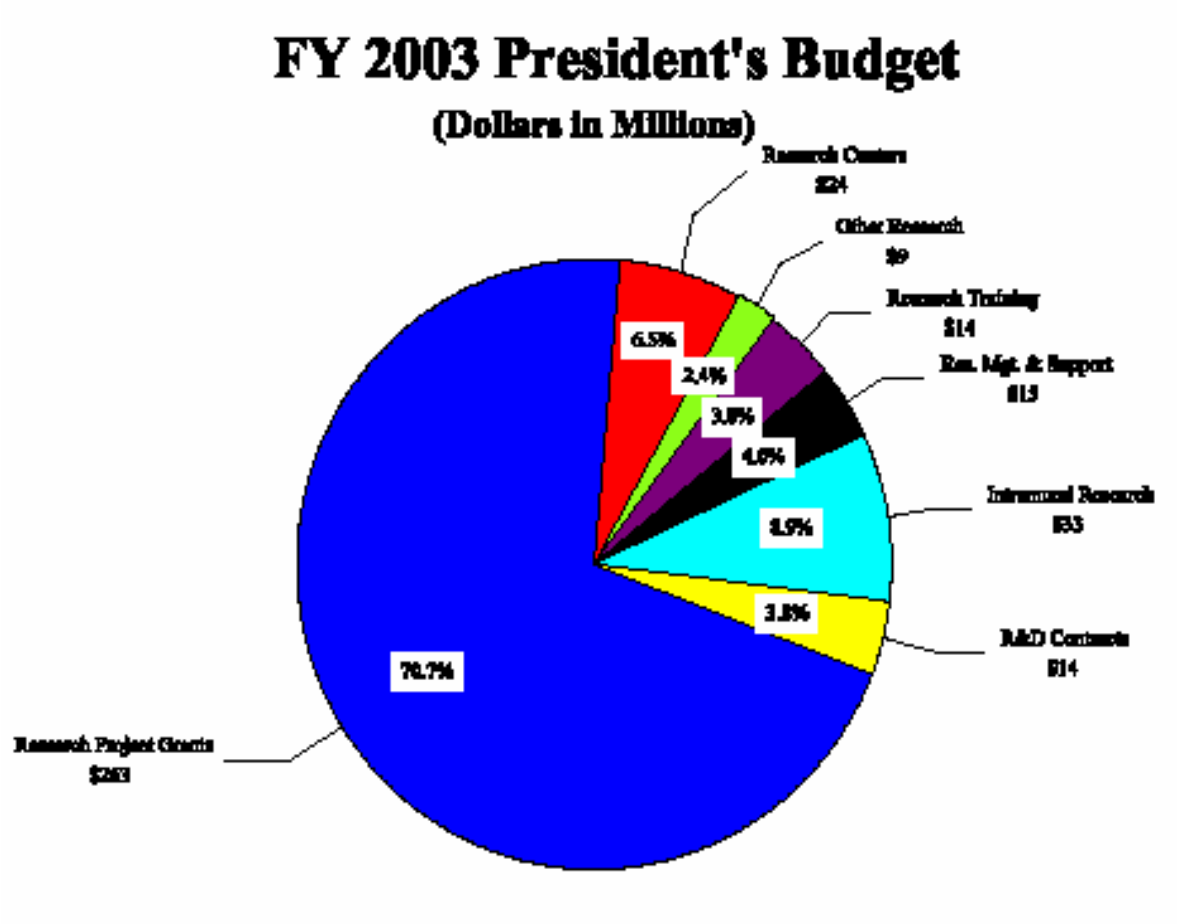
September 13, 2002

National Institute on Deafness and Other Communication Disorders
Budget Mechanism

(Dollars in Thousands)

	FY 2003 President's Budget	Percent of Total
Research Projects Grants	$262,712	70.6%
Research Centers	23,919	6.4%
Other Research	9,326	2.5%
Total, Res. Grants	295,957	79.5%
Individual Training	4,785	
Institutional Training	8,833	
Total, Training	13,618	3.7%
R&D Contracts	14,019	3.8%
Intramural Research	32,862	8.8%
Research Mgmt. & Support	15,495	4.2%
TOTAL	**371,951**	

National Institutes of Health
National Institute on Deafness and Other Communication Disorders



National Institute on Deafness and Other Communication Disorders

September 2002 Council
Competing Research Project Grants
(Dollars in thousands)

Total RPG Funds FY03 President's Budget		$ 262,712		
Less SBIR/STTR Budget		-8,862		
Less Admin. Suppl. Budget		-1,500		
Less Estimated RPG Noncompeting (updated for end of FY 2002 plans)		-183,791		
Less FY03 "Carryover" Commitments from prior Council meetings		-756		
Less FY03 Program Requirements		-11,550		
Total		$ 56,253		
	20% HPP		80% Regular	
For FY 2003	$ 11,251		$ 45,002	
Per council meeting	$ 3,750		$ 15,001	

National Institute on Deafness and Other Communication Disorders

Progammatic Funding Requirements

-150	**Tools for Insertional Mutagenesis in the Mouse**
-300	**Gene Therapy for Neurological Disorders**
-500	**Cognitive Neuroimaging: Understanding the Link Between Neuronal Activity and Functional Imaging Signals**
-300	**Neuroimaging Technology Development to Access Brain and Behavior in Pediatric Population**
-300	**Shared Inheritance of Medicine Map (SIMM)**
-480	**Parkinson's Disease Research**
-1,400	**Exploratory Research: Feasibility**
-1,300	**Genetic Testing and Clinical Management of HHI**
-1,300	**Collaborative Program of Excellence in Autism**
-3,500	**R03 Set aside**
-1,000	**Mouse Consortium**
-500	**Stem Cell Supplements**

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